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CONFIRMATION NO. 2594

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|---|---|-------------------------------|---|--|--------------------------------|
| SERIAL NUMBER 10/812,381 | FILING OR 371(c) DATE 03/29/2004 RULE | CLASS 602 | GROUP ART UNIT 3772 | ATTORNEY DOCKET NO. 5490E-000393 | |
| APPLICANTS Jeffrey Stearns, Hopatcong, NJ; James D. Israel, Somerset, NJ; <i>BJ</i> | | | | | |
| ** CONTINUING DATA ***** <i>BJ</i> | | | | | |
| ** FOREIGN APPLICATIONS ***** | | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED <i>BJ</i> ** 06/10/2004 | | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <i>Barber</i> Acknowledged <i>Jack</i> Examiner's Signature <i>BJ</i> Initials | | STATE OR COUNTRY NJ | SHEETS DRAWING 4 | TOTAL CLAIMS 18 | INDEPENDENT CLAIMS 2 |
| ADDRESS 27572 | | | | | |
| TITLE Ulnar styloid brace | | | | | |
| FILING FEE RECEIVED 770 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |